

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH THE INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Medicine Lodge Housing Authority

PHA Number: KS057

PHA Fiscal Year Beginning:(mm/yyyy) 10/2003

PHA Plan Contact Information:

Name: Bill E. Parker, Executive Director

Phone: (620) 886 -5801

TDD: NA

Email: mlhouse@sctelcom.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
PHA development management offices
Main administrative office of the local, county or State government
Public library
PHA website
Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
PHA development management offices
Other (list below)

PHA Programs Administered :

- ☒ Public Housing and Section 8
New Construction ☐ Section 8 Only ☐ Public Housing Only

Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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ii. Executive Summary

[24CFR Part 903.79(r)]

APHA option, provide a brief overview of the information in the Annual Plan

The Annual Plan KS16P05750102 is an assessment compiled for the Medicine Lodge Housing Authority (MLHA) by method of input acquired from that of the Resident Advisory Board, Board of Commissioners, staff (maintenance, custodial, and clerical), and the Executive Director. This Annual Plan for the MLHA is presented as complete and accurate as possible, and is done so with the continued purpose of providing quality public housing to the City of Medicine Lodge and its surrounding area.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

- There are no changes in the policies or programs that were discussed in the initial or past PHA Plans.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$55,592.00 (Estimated - 2003 not yet released) (CFP for FY 2003)

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHA may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _NA_____

C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☒ No: The PHDEP Plan is attached as Attachment _____

6. Other Information

[24 CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached as Attachment F

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included:
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's considerations are included in the RAB Comments in Attachment F.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Kansas

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

N/A

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

a. Substantial Deviation from the 5-year Plan:

The Medicine Lodge Housing Authority (MLHA) will have substantial deviation only when one or more of the following occurs:

- Change to rent or admissions policies or organization of the waiting list;
- Addition of non-emergency work items (items not included in the current Annual Statement or Five-Year Action Plan) or change in the use of replacement reserve funds under the Capital Fund;
- Addition of new activities not included in the current PHDEP Plan; and

- Any change with regard to demolition or disposition, designation, home ownership programs or conversion activities.

b. Significant Amendment or Modification to the Annual Plan:

The Medicine Lodge Housing Authority (MLHA) will have significant amendment or modification only when one or more of the following occurs:

- The MLHA must consult with the Resident Advisory Board (RAB) (as defined in 24 CFR 903.13);
- The MLHA must ensure consistency with the Consolidated Plan of the Jurisdiction(s) (as defined in 24 CFR 903.15); and
- The MLHA must provide for a review of the amendments/modifications by the public during a 45 -day public review period (as defined in 24 CFR 903.17).
- The MLHA may not adopt the amendment or modification until the MLHA has duly called a meeting of its Board of Directors. This meeting, at which the amendment or modification is adopted, must be open to the public.
- The MLHA may not implement the amendment or modification until notification of the amendment or modification is provided to HUD and approved by HUD in accordance with HUD's plan review procedures (as defined at 24 CFR 903.23).

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or the resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA/s participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA/s participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Attachment B: Capital Fund Program Annual Statements

Annual Statements included are:

Capital Fund Program KS16P057501 -00

- Part I –page 13 -14
- Part II –page 15 -16
- Part III –page 17

Capital Fund Program KS16P057501 -01

- Part I –page 18 -19
- Part II –page 20
- Part III –page 21

Capital Fund Program KS16P057501 -02

- Part I –page 22 -23
- Part II –page 24
- Part III –page 25

Capital Fund Program KS16P057501 -03

- Part I –page 26 -27
- Part II –page 28
- Part III –page 29

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program: KS16P057501-00 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 10/1/2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2003 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	10,600.00	10,521.00		
4	1410 Administration	0.00	2,500.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		6,250.00		
10	1460 Dwelling Structures	46,145.00	13,795.00		12,205.00
11	1465.1 Dwelling Equipment — Nonexpendable	2,000.00	21,479.00		
12	1470 Non dwelling Structures		4,200.00		
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	58,745.00	58,745.00	58,745.00	12,205.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program: KS16P057501-00 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 10/1/2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2003 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security	0.00	2,250.00		
24	Amount of line 20 Related to Energy Conservation Measures	0.00	13,069.00		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Medicine Lodge Housing Authority			Grant Type and Number Capital Fund Program#: KS16P057501-00 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 10/01/2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
KS057001 -B N.Oak Street (Duplexes-Family)	Repair and/or replacement of damaged exterior siding, soffit, and fascia board.	1460		3,145.00	0.00			Completed with 1999 CIAP funds
KS057001 -B N.Oak Street (Duplexes-Family)	Renovation of vacant unit – one or more family units	1460		8,000.00	0.00			Completed within PHA budget
KS057001 -A 200 S. Cherry (Lodge-Elderly)	Roof repair at Lodge.	1460		3,000.00	12,205.00		12,205.00	Completed (Emergency Repairs)
KS057001 -B N.Oak Street (Duplexes-Family)	Replacement of windows at family site. (Includes replacement of sills and trim as needed, and wrapping window trim.)	1460	92	32,000.00	0.00			Reserved for 2001 CFP funds
KS057001 -B N.Oak Street (Duplexes-Family)	Installation of central air - conditioning at 10 family units. Entire site rather than individually.	1465.1	10 units (5 Duplexes)	2,000.00	11,479.00			Work to commence in 2003
KS057001 -B N.Oak Street (Duplexes-Family)	Installation of 5 concrete air - conditioning pads and 5 fenced enclosures.	1470		0.00	4,200.00			Work to commence in 2003
KS057001 -A 200 S. Cherry (Lodge-Elderly)	Replacement of Common/Card Room furniture (tables & chairs), 1 st floor Entry-Way/Foyer furniture, and 2 nd floor Landing furniture (chairs & table).	1465.1	Approx. 26 pieces	0.00	6,800.00			Requesting Proposals

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Medicine Lodge Housing Authority			Grant Type and Number Capital Fund Program#: KS16P057501-00 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 10/01/2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
KS057001 -A 200 S. Cherry (Lodge-Elderly)	Replacement and improvement of the outdoor accent/security lighting on the Lodge grounds.	1450		0.00	2,250.00			Requesting Proposals
KS057001 -B N. Oak Street (Duplexes-Family)	For administrative assistance with the implementation and completion of the contracted installation of air conditioning at Duplexes.	1410		0.00	2,500.00			In progress
KS057001 -B N. Oak Street (Duplexes-Family)	Replacement of gas cookstoves in each apartment at Duplexes (qty. 10)	1465.1	10	0.00	3,200.00			Requesting Proposals
KS057001 -B N. Oak Street (Duplexes-Family)	Purchase of new storm doors for installation on front and rear entrance of 10 family units at Duplexes	1460	10	0.00	1,590.00			Requesting Proposals
KS057001 -PHA HA-Wide	Installation of 2 exterior signs for the advertisement and identification of each property (Lodge and Duplexes).	1450	2	0.00	4,000.00			Requesting Proposals
KS057001 -PHA HA-Wide	Purchase of 1 computer and printer	1408		3,600.00	0.00			Completed with 1999 CIAP funds
KS057001 -PHA HA-Wide	Computer Software (Software upgrades and technical training provided through fee accountant)	1408		7,000.00	10,521.00			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program #: KS16P057501-00 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 10/01/2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KS057001 -B N. Oak Street (Duplexes-Family)	9-31-2002	9-30-2002		9-31-2004	9-30-2004		Original Quarter ending date does not exist. (30 days in September, not 31)
KS057001 -A 200 S. Cherry (Lodge-Elderly)	9-31-2002	9-30-2002		9-31-2004	9-30-2004		Original Quarter ending date does not exist. (30 days in September, not 31)
KS057001 -PHA HA-Wide	9-31-2002	9-30-2002		9-31-2004	9-30-2004		Original Quarter ending date does not exist. (30 days in September, not 31)

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program: KS16P057501-01 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 10/1/2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2003 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	1,500.00			781.95
4	1410 Administration	1,200.00	2,500.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	38,000.00			
11	1465.1 Dwelling Equipment — Nonexpendable	0.00	7,699.00		
12	1470 Nondwelling Structures	8,999.00	0.00		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	10,000.00			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	59,699.00		59,699.00	781.95
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program: KS16P057501-01 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 10/1/2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2003 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	38,00.0.00			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program#: KS16P057501-01 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 10/01/2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
KS057001 -B N.Oak Street (Duplexes-Family)	Replacement of windows w/wrapping of window trim at family site. Includes replacement of trim and sills as needed.	1460	92	38,000.00				Requesting Bids
KS057001 -B N.Oak Street (Duplexes-Family)	For replacement and enlargement of existing storage shed. Includes concrete floor, metal building, and garage door.	1470	1	8,999.00	0.00			Requesting Proposals
KS057001 -A 200 S. Cherry (Lodge-Elderly)	Replacement reserve to be used for future replacement of Lodge roof. Work needing to be done in approx. 2005. Total cost approx. \$75,000.00	1490		10,000.00				To be utilized in Approx. 2005
KS057001 -B N.Oak Street (Duplexes-Family)	For administrative assistance with the implementation and completion of the 2001 Capital Fund Program	1410		1,200.00	2,500.00			In progress
KS057001 -PHA HA-Wide	Purchase of three 2 -drwr filing cabinets and four office chairs.	1408		1,500.00			781.95	Requesting proposals
KS057001 -B N.Oak Street (Duplexes-Family)	Installation of central air -conditioning at the 10 family units.	1465.1	10 units (5 Duplexes)	0.00	7,699.00			Work to commence in 2003

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program #: KS16P057501-01 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 10/01/2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KS057001 -B N.Oak Street (Duplexes-Family)	9-30-2003			9-30-2005			
KS057001 -A 200S.Cherry (Lodge-Elderly)	9-30-2003			9-30-2005			
KS057001 -PHA HA-Wide	9-30-2003			9-30-2005			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program: KS16P057501-02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 10/01/2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2003 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	9,592.00	3,000.00		
4	1410 Administration	0.00	2,000.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	23,000.00	27,544.00		
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	13,000.00	16,000.00		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	10,000.00			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	55,592.00	58,544.00	58,544.00	0.00
21	Amount of line 20 Related to LBP Activities				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program: KS16P057501-02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 10/01/2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2003 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	12,000.00	14,544.00		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Medicine Lodge Housing Authority			Grant Type and Number Capital Fund Program #: KS16P05750102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 10/01/2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
KS057002 -B N. Oak Street (Duplexes-Family)	Installation (wrapping) of vinyl and/or steel on all soffits and fascia areas of the 5 Duplexes located at 800 N. Oak St.	1470		8,500.00	10,500.00			Requesting proposals in 2003
KS057002 -B N. Oak Street (Duplexes-Family)	Replacement of all guttering and downspouts at Duplexes with seamless steel or aluminum guttering.	1470		4,500.00	5,500.00			Requesting Proposals in 2003
KS057002 -A 200 S. Cherry (Lodge-Elderly)	Replacement reserve to be used for future replacement of Lodge roof. Work needing to be done in approx. 2005. Total cost approx. \$75,000.00	1490		10,000.00				To be utilized in Approx. 2005
KS057002 -A 200 S. Cherry (Lodge-Elderly)	Removal and replacement of all hallway and stairwell lighting with brighter and more energy efficient lighting.	1460		12,000.00	14,544.00			Requesting proposals in 2003
KS057002 -A 200 S. Cherry (Lodge-Elderly)	Repaint and install wall paper and border accents in hallways, entryways, dining room, and card room.	1460		11,000.00	13,000.00			Requesting proposals in 2003
KS057002 -PHA HA-Wide	Computer System/Software Upgrade and/or Technical Training for MLHA administrative staff.	1408		9,592.00	3,000.00			
KS057002 -PHA HA-Wide	For administrative assistance with the implementation and completion of the 2002 Capital Fund Program	1410		0.00	2,000.00			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHAName: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program#: KS16P057501-02 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 10/01/2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KS057001 -B N.Oak Street (Duplexes-Family)	9-30-2004			9-30-2006			
KS057001 -A 200 S.Cherry (Lodge-Elderly)	9-30-2004			9-30-2006			
KS057001 -PHA HA-Wide	9-30-2004			9-30-2006			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program: KS16P057501-03 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 10/1/2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	6,000.00			
11	1465.1 Dwelling Equipment — Nonexpendable	13,000.00			
12	1470 Non dwelling Structures	21,592.00			
13	1475 Non dwelling Equipment	3,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve	10,000.00			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	55,592.00 (estimated)		55,592.00 (estimated)	

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program: KS16P057501-03 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 10/1/2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHAName: MedicineLodgeHousingAuthority		GrantTypeandNumber CapitalFundProgram#: KS16P057501-03 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 10/01/2003		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
KS057001 -A 200S.Cherry (Lodge-Elderly)	Removeandreplacealloriginalfaucets intheKitchenandBathroomofall30 residentialunitswithintheLodge	1460		6,000.00				Request Proposalsin 2004
KS057001 -B N.OakStreet (Duplexes- Family)	Electricalimprovementsandupgradesto meetthecurrentandfuturedemandsof the10familyunits.	1465.1		13,000.00				Beginningto request proposals
KS057001 -A 200S.Cherry (Lodge-Elderly)	AddCarportenclosurestorearparking lot.Includes2separateenclosures(east sidecontains15parkingspacesandwest sidecontains8)	1470	2	21,592.00				Begin requesting proposals Fall'03
KS057001 -A 200S.Cherry (Lodge-Elderly)	Replacebuilding'sexteriorexhaust louvers(qty.61)	1475	61	3,000.00				Request Proposalsin 2004
KS057002 -A 200S.Cherry (Lodge-Elderly)	Replacementreservetobeusedfor futurereplacementofLodgeroof.Work needingtobedoneinapprox.2005. Totalcostapprox . \$75,000.00	1490		10,000.00				To be utilizedin Approx. 2005
KS057002 -PHA HA-Wide	Foradministrativeassistancewiththe implementationandcompletionofthe 2003CapitalFundProgram	1410		2,000.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHAName: Medicine Lodge Housing Authority		Grant Type and Number Capital Fund Program#: KS16P057501-03 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 10/01/2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KS057001 -B N.Oak Street (Duplexes-Family)	9-30-2005			9-30-2007			
KS057001 -A 200 S.Cherry (Lodge-Elderly)	9-30-2005			9-30-2007			
KS057001 -PHA HA-Wide	9-30-2005			9-30-2007			

Attachment C: Capital Fund Program 5 Year Action Plan

Capital Fund Program 5 -Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
KS057001 -A	Indian Hills Lodge (30 Elderly Units)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Removal and replacement of floor tiles in all stairwells (3) and basement.	11,000.00	PHAFY2004
Removal and replacement of carpet in all existing areas. Includes: card/common room, 1 st and 2 nd floor hallways, foyer, and 30 apartments.	37,000.00	PHAFY2004
Replacement reserve (Dev. Acc. No. 1490) to be utilized in approx. 2005 for the future replacement of the Lodge roof. Total cost of project will be Approx. \$75,000.00	10,000.00	PHAFY2004
Replace roof on Lodge. Utilize replacement reserve (Dev. Acc. No. 1490) from CFP years 2001, 2002, 2003, and 2004 in addition to this \$35,000.00. Estimated cost = \$75,000.00	35,000.00	PHAFY2005
Begin on the replacement of 30 coil and blower units (enclosed hot & cold water system) located throughout the 30 resident units of the Indian Hills Lodge.	38,000.00	PHAFY2006
Continuance of replacement on the 30 coil and blower units (enclosed hot & cold water system) located throughout the 30 resident units of the Indian Hills Lodge.	58,000.00	PHAFY2007
Total estimated cost over next 5 years	\$189,000.00	

Attachment C: Capital Fund Program 5 Year Action Plan (continued)

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
KS057001 -B	Duplexes (10 Family Units)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Remove and replace kitchen cabinets and counters (10 Apts).	23,000.00	PHA FY2005
Removal and replacement of all 1'X1' floor tiles with new comparable flooring. Replacement to be done throughout all 10 residential units.	20,000.00	PHA FY2006
Total estimated cost over next 5 years	\$43,000.00	

Attachment C: Capital Fund Program 5 Year Action Plan (continued)

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
KS057001 -PHA-Wide	PHA-Wide, Medicine Lodge Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
KS057001 -PHA -Wide Physical Improvements or Management Improvements for FY2004 -2007	232,000.00	PHA-Wide FY2004 -2007
Total estimated cost over next 5 years	232,000.00	

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

N/A

Section 1: General Information/History N/A

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the outcomes. The summary must not be more than five (5) sentences long. _____ e expected

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

N/A

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment _ D_: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Beverly McCombs

B. How was the resident board member selected: (select one)?

- ☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): Appointed August 6, 2001, by The City of Medicine Lodge. Term expires 08-01-2005.

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? N/A

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and to serve on a full-time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member: 02-01-2004

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): The appointing official of the Medicine Lodge Housing Authority is the Mayor of The City of Medicine Lodge, Steve Etheridge.

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Resident Advisory Board (RAB) membership is PHA -Wide. This consists of residents located in the low -income elderly/disabled, Indian Hills Lodge (30 units), and the low -income family/disabled residents, which live in the Indian Hills Duplexes (10 units). All residents unanimously chose to serve on the RAB as a whole, unified body. All response, comment, and feedback were therefore gathered from many and all residents of the PHA.

Required Attachment _ E_: Comments of Resident Advisory Board & Explanation of PHA (Medicine Lodge Housing Authority) Response

The PHA considered the following comments submitted by the Resident Advisory Board, but determined that their (RAB) needs and suggestions were in line with the predetermined needs already compiled and included by the PHA. Therefore it was determined by the PHA to make no changes to the PHA Annual Plans submitted for the Fiscal-Year 2002.

COMMENTS (Included in abbreviated form):

- **Lodge Comments (KS057002 -A):**
 - No additional comments from the elderly units were submitted which would deviate or modify the current 2003 Annual Plan, the projected 5 -Year Plan, or any and all previously approved CFP Plans which were available for review before or at the time of the MLHA's public hearing.
- **Duplexes' Comments (KS057002 -B):**
 - No additional comments from the family units were submitted which would deviate or modify the current 2003 Annual Plan, the projected 5 -Year Plan, or any and all previously approved CFP Plans which were available for review before or at the time of the MLHA's public hearing.

Other: